AAMT STRATEGIC PLAN 2014-2019
TOWARDS EXCELLENCE IN PRACTICE
AAMT.COM.AU
AAMT Strategic Plan 2014 -2019

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Adopted by the AAMT Board November 2013
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In the absence of a legal title of practice and scope encompassed by legislation, for the purpose and ease of interpretation of this document the term ‘massage’ and/or ‘massage therapies’ is used synonymously for other terms such as myotherapy, musculoskeletal therapy or bodywork for the ease of reading and review.

"Neque porro quisquam est qui dolorem ipsum quia dolor sit amet, consectetur, adipisci velit..."

"There is no one who loves pain itself, who seeks after it and wants to have it, simply because it is pain..."
Executive Summary

The Australian Association of Massage Therapists (AAMT) has prepared the 2014-2019 Strategic Plan with the fundamental goals of improving the position and profile of massage nationally. Recommendations contained in the plan will also be used to inform budget reviews for the 2013-2014 financial years initially.

The provision of health services to the Australian public stems from a unique trust relationship between the provider and client. To increase this trust and establish underpinning credibility for massage therapy to obtain the Federal government’s confidence requires taking responsibility to provide the evidence and quality assurance benchmarks for strong self or co regulation and health policymaking specific to natural therapies.

The purpose of the 2014-2019 Strategic Plan is to outline a path for AAMT to partner further with Governments, education institutions and health entities and their administrative bodies of Australian Skills Quality Authority (ASQA) and Community Services & Health Industry Skills Council (CS&HISC) in order to achieve mutually beneficial goals and objectives. These goals and objectives serve to improve the quality of education provided by Registered Training Organisations (RTOs), make available to industry a range of higher accreditations, promote massage therapy as a well respected and researched practice and seek a national registration framework that compliments Unregistered Practitioners Law.

The plan also supports the core values of the AAMT in pro activity and consistency to promote quality services and responsiveness to consumers, health care professionals, and AAMT partners through a membership of therapists of excellence.

This plan was prepared under the guidance of the AAMT National Committees and the AAMT Board. Significant contributions have been made by management and membership. AAMT went through a consultative process with membership with a draft plan presented at the AAMT Board in September 2013. Recommendations received from the consultation process were incorporated into this final document.

The aim is to have the 2014-2019 Strategic Plan adopted in November 2013 and presented at the Annual General Meeting held in Perth Western Australia.

There are four key strategies to the plan including six main goals and 12 objectives.

▲ STRATEGIES
► EDUCATION
► PROFILE
► REGULATION
► TECHNOLOGY

▲ OBJECTIVES
► NATIONAL ADVANCED DIPLOMA
► INDUSTRY GRADUATE CERTIFICATE
► MENTORING PROGRAM
► CASE STUDY BANK
► RESEARCH PROFILE
► PRACTITIONER OF EXCELLENCE

► ASSOCIATION ACCREDITATION
► AAMT BRANDING
► REGULATORY MANDATE
► MEMBER COMPLIANCE
► INCREASE WEB BASED CPE
► INCREASE WEB UTILISATION

The 2014-2019 AAMT Strategic Plan covers the time period from Fiscal Year 2014 to end of Fiscal Year 2020 (which spans from July 1, 2014 to June 30, 2020). Recommendations contained in the plan will also be used to inform budget adjustments for the Fiscal Years 2013 to 30 June 2020.
AAMT Contributors

Board
Belinda Bolitho
Pam Claxton
Narelle James
Garry Lavis

Kristie Melling
David Sheehan
Colin Thornby
Geoff Waldron

National Committee Members
Ian Coward
Graeme De Goldi
Harvey Griggs
Meryl Johnson
Paul McCann
Anna Muir

Stuart Nicol
Paula Nutting
Robert Rogerson
Kevin Skillen

Management
Ann Davey
Sue Gillespie
Tricia Hughes
Roy John

Membership

AAMT would like to acknowledge AAMT Ambassadors Sue Hughes, Marumi Smith and Joanne Peterson for leading focus groups in Victoria and Queensland. Some 890 members contributed to the national survey.
The primary objectives of the 2011-2013 Plan were to

1. Strengthen AAMT Services through developing communication streams, developing and supporting Staff.

2. Lead and develop industry through training qualifications, research, regulatory frameworks and profile.

3. Developing training and Education opportunities for Board and members to ensure appropriate skill levels.

Each primary objective was interdependent on the other.

Successes Achieved under the 2011 - 2013 Strategic Plan
1. With the appointment of GRS Communications, AAMT was recognised as a credible entity and provider of qualified therapists, expert advice and willingness for collaboration. This exposure allowed AAMT to meet with government committees, ministers and health care entities nationally.
2. Representation on the CS&HISC Subject Matter Expert Group and the Industry Reference Group. A Memorandum of Understanding was established with ASQA on the reporting of inadequate training delivery.
3. In coordination with LT Network, stabilisation of website, Face Book presence and Australian Massage Directory. Increased member interaction on the website and developed electronic member profiles.
4. Training was provided to employees, Board and Committee Members to ensure adequate skill sets for managing the association.
5. Research focus was increased with Conference themes, poster presentations and collaboration with the International Centre for Allied Health Evidence (iCAHE), University of South Australia.
6. Standardised Continuing Professional Education (CPE) nationally, providing new options and access to webinars

Setbacks and Challenges faced during the 2011 - 2013 Strategic Plan Period
1. Notification of the PHIR in July 2013, based on proposed Federal Government budget cuts generated a submission. Resulting representation to the enquiry took significant resources away from the plan.
2. Representation on SMEG and IRG was unable to gain a national Advanced Diploma in Remedial Massage into the Health Training Package this consultation round due to stakeholder barriers.
3. The Natural Medicine Register (NMR) development was slower than expected due to stakeholder deliberations over funding and structure.
4. Inadequate funding and resourcing of the Ambassador Program led to delays in implementation.
5. Medibank closure of Provider numbers created significant

### REPRESENTATION

**SMEG**
Dr Colin Thornby
Paul McCann
Paula Nutting

**IRG**
Dr Colin Thornby
Marsha Ellis

**NMR**
Paul McCann

**NTRAC**
Tricia Hughes
Karen Malcolm
## Scorecard Assessing the Completion of 2010 – 2013 Strategic Plan Goals & Objectives

<table>
<thead>
<tr>
<th>Objectives¹</th>
<th>Completed</th>
<th>Partially Completed or Still in Progress</th>
<th>Not Started or Not Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1 – Strengthening Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop ethics guidelines</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory ethical training</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Customer relations training</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Provision of counseling Services for Employees</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Staff training and development opportunities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Investigate staff satisfaction against other industries</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Investigate grants and sponsors</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>CPE developed as a revenue stream</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Investigate investment opportunities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Investigate advertising opportunities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Improve IT communications</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Implement national network café</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Create functional regional networks</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Profiling Board Members and Committees</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Measure customer complaints</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Objective 2 – Industry Leadership &amp; Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide ongoing recommendations to CS&amp;HISC</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>AAMT Education Officer</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>Promote AAMT Branding</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>Mechanism to report to CS&amp;HISC</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dialogue with GPS and Allied Health through education</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Invest in Massage Therapy Week</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Implement measures for client attendance to clinics</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Contribute to regulation forums</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Build relationships with federal Members and Health ministers</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Establish a position paper to facilitate change</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identify applicable lobbyists</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Inform membership of position</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Participate in career expos</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>College talks</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pathways for mature members</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Website links to research</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>CPE around research</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Funding mechanisms for AMRF</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Develop position paper on research</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Objective 3 – Education &amp; Training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upgrade member qualifications</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate to RTOs for RPL</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Investigate funding grants</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Establish Board selection criteria</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identify skills shortage</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Set relevant KPIs for Board and Committee members</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identify leadership capabilities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Succession planning position to be developed</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Co ordinate framework for CPE events</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identify national needs for CPE</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Develop national CPE calendar</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Develop online CPE opportunities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

¹ Refer 2011-1013 Strategic Plan
AAMT Current Environment

The 2012 - 2013 year has brought a new playing field to AAMT with the PHIR review. The review undertaken by the Natural Therapies Review Advisory Committee (NTRAC) and led by the Australian Chief Medical Officer, Professor Chris Baggoley, saw AAMT shift focus to Government education around massage and natural therapies. The Federal Election also gave rise to the opportunity of lobbying MPs and candidates the issues and impacts to therapists should the rebate be removed. AAMT has spent considerable resources on investing in submissions, ministerial education, member and key stakeholder communications.

AAMT, in 2012, dedicated a financial investment with the engagement of Dr Saravana Kumar and the team at the International Centre for Allied Health Evidence (iCAHE), University of South Australia to develop the Cochrane Level research analysis required for the submission. The resulting paper was published in 2013.

The financial sustainability AAMT has achieved over several years ensures that funds are readily available for the dynamic environment of the day. For the second consecutive year AAMTs financial performance has been solid with a turnover of more than 2 million.² This performance ensures an organisation that is flexible, responsive and sustainable and able to address the challenges in the health and education arenas as reserves are maintained. Cash assets increased by 8.35% over the three years, total assets by 5% with a net asset increase of 8.35%. Reserves at 30 June 2013 sit at 1.18 million. The Board has a view to increase income not derived from membership fees and strategies will be developed over the next three years. Expenses have also been higher than in the previous year. This is the result of the work of promoting massage to Government, not only in relation to the PHIR activity but also the topic of a suitable regulatory framework of regulation for massage, consultation on education and quality assurance with ASQA, CS&HISC and submissions to Therapeutic Goods Administration (TGA) and the National Health and Medical Research Council. (NHMRC)

Financial Performance 2011-13

‘Overall the balance sheet continues to gain. With many not for profits and associations surviving year to year should be a comfort to the membership.’

There remains growth in all Divisions of membership. The lowest growth in the 2013 financial year was Victoria at 8%. There is opportunity for further growth; this is limited though, with the reduction of students entering the RTOs incumbent of funding. When approached AAMT will consider amalgamations over mergers from other Associations.

² Refer Financial performance 2011-13 Graph
Examination of risk and due diligence would be performed to ensure that the current membership standards of qualification remain and that liability to AAMT is kept at a minimum. Maintenance and service to existing members is the primary investment for AAMT in membership.

The objectives of the Board are aligned to AHPRA guiding principles of protecting the public, high quality education and training, access to health services, assessment of overseas-trained health professionals, and a flexible, responsive and sustainable workforce. The strategies in the coming three years are aligned to achieving, or moving towards these principles. Collaboration with other like minded stakeholders has seen benefits when facing threats such as administration of health fund eligibility.

The AAMT Annual conference is a service that takes considerable resources. Providing members with access to international speakers and innovative ideas on research and practice, the AAMT Conference is the flagship event for the Association. The Board remains committed to underwriting the cost of this event substantially as a service to keep the registration fees low for membership to encourage participation.

The AAMT has evolved with the inclusion of non practitioners to the Board and Committees. This has increased the knowledge and understanding of the business, the political landscape, our marketing ability and power of social media and technology. An integral part of this education has been the specialist knowledge brought to AAMT via our contractors. AAMT will maintain utilising the skills of contractors to support the core staff complement in achieving the goals of the Board.

In December 2013, the AAMT Board has a new strategic plan focus for 2014-19, aligned with the objectives of the Constitution and guiding principles the core values of consistency, effectiveness, integrity, pro activity and respect. The end goal is to have only suitably trained therapists who are qualified to practice in a competent and ethical manner under the Association banner.
Strategic Planning Process

The 2014-2019 strategic development process commenced in March 2013 and would span some eight months of consultation and development. AAMT Board, Committee members from the five national committees and senior management participated in an interactive weekend to establish broad parameters for the developing plan. The AAMT Vision, Mission and Core values were integrated at every step of the process.

The resulting discussion from the early planning day was collated and categorised into a matrix of concepts with seven distinct areas. The three dominating categories were education, profile and technology.

An electronic survey was distributed to 7367 email addresses of members on August 5, 2013. The bounce back rate was approximately 400 addresses. Notification of the survey was also posted to www.aamt, via the July e newsletter, Face Book and the Spring edition of Massage Therapist which had a desk date of August 6, 2013. This allowed for those without email to call and request hardcopy. The survey closed on August 31, 2013 at 5pm. The survey delivered 888 electronic responses and two hardcopy copies received after the closing date.

The survey content was designed to illicit response to confirm or repudiate the results of the categories defined by the original planning group and were asked in three main areas of Profile, Promotion and Technology, Education and Registration and Regulation. Basic demographics were collected to compare to a members survey conducted in 2007. Estimated time to complete was no longer than 15 minutes and the questioning remained open at the end to encourage discussion and concepts directly from membership.

AAMT Ambassadors were requested to hold cafe focus groups to discuss the survey to generate debate and highlight and hot spot issues. Three sessions were held, two in Victoria and one in Queensland. This feedback was incorporated into the final report but individuals were requested to still complete the survey online.

Committee, management and Board member participants received an interim copy of strategies via email on the 21 October 2013. This was circulated with a dedicated feedback form for return 30 October 2013.

The AAMT Board was provided with a draft version of 2014-2019 Strategic Plan for review at the September 6th Board meeting held in Melbourne. On Board approval the document was refined and a second draft forwarded to the Board for consideration and adopted on November 15, 2013.
Survey Data Summary

The survey contained 22 questions designed to illicit responses based on the matrix summary. Questions 11, 13 and 23 invited direct input. Questions 1 thru 7 duplicated a 2007 member survey so that data could be compared at a later date. The survey identified members’ opinions which were measured against the opinions of the Bentinck meeting. Standard questions were summarized by the Survey monkey system and the direct input responses were systematically categorized and ranked independent of the CEO to increase transparency.

Key Data Findings

- Over 84% of respondents believe that the public are confused by the different titles for practice and that the difference between therapists needs to be made clearer for consumers.
- 49% of respondents agreed that single umbrella brand name would assist their business whilst 51% disagreed and wanted greater recognition of their own modality or qualification.
- The AAMT www is underutilized used predominantly for fee renewal, CPE events and E news. Activity is predominantly annually or monthly.
- 58% requested new technology such as SMS currency reminders for first aid and insurance.
- The majority of respondents did not agree that AAMT should be involved in research but also there was a significant number unsure of the benefits. Those that agreed preferred collaboration with third parties.
- There was strong agreement that AAMT push for increased quality assurance of existing qualifications with increased scope definition. 1/3 agreed on an Advanced Diploma and a national exam respectively.
- 40% do not think that a bachelor degree is required and that it will facilitate entry into primary care. Over 1/3 agreed they could not financially undertake a bachelor program.
- Nearly 90% prefer to remain with hands on learning for CPE as opposed to other mediums such as webinars.
- 50% of respondents thought regulation should be mandatory for practice and that self regulatory reform needs to be consistent, widespread and supported by health funds.

PRIORITY COMPARISON TO PLANNING CATEGORIES

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Planning Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>PROFILE</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>TECHNOLOGY</td>
<td>Med/Low</td>
<td>Med/High</td>
</tr>
<tr>
<td>REGULATION</td>
<td>Med/Low</td>
<td>Med/High</td>
</tr>
</tbody>
</table>

MEMBER PREFERENCES

▲ EDUCATION
- Quality assurance of Courses
- Quality assurance of Colleges
- Definitive Scope of Practice
- Increase CPE offerings
- Mentoring
- Graduate Certificates in Rehab and Wellness

▲ PROFILE
- Profile individual speciality groups
- Profile to general public
-Distinctive marketing

▲ REGULATION
- GST exemption
- HF accreditation maintenance
-Peak national entity

▲ TECHNOLOGY
- SMS reminders

▼ EDUCATION
- Cost of further education
- Lack of hands on CPE
- Bachelor not essential
- Research not our role

▼ EDUCATION
- Cost and need of further education
2014-2019 Strategies

Long Term Strategy Objectives

The intent of *2014-2019 Strategic Plan* is to present goals, objectives, and tasks that will provide direction to the AAMT Chief Executive Officer and Staff who will ultimately be responsible for their execution.

For this plan to be focused and useful, complex issues are presented in a brief and simplified manner. It is anticipated that the Chief Executive Officer will work closely with Board, Committees and Staff to more fully develop individual concepts and tasks and implement them over the next three to five years.

Some of the objectives can be accomplished with effective leadership and communication, without requiring additional funding. Others will require additional resources to be allocated or sourced.

The Plan is consistent with the Mission, Vision, Values, and Constitutional Objectives of AAMT. Thus, this document provides a blueprint to accomplish four mutual goals for AAMT and its membership.

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**Strategy 1 - Education**

**Strategy 2 - Profile**

**Strategy 3 - Regulation**

**Strategy 4 - Technology**
Strategy 1 – Education

▲ CONSTITUTIONAL OBJECTS

Organise and promote the profession of massage therapy
Encourage a high standard of knowledge and proficiency among the members
Encourage and disseminate research in the areas of massage therapy
Seek and establish mechanisms to ensure the quality of the delivery of massage training in Australia

Goal 1  Execute the AAMTs Constitutional obligation to engage in consultation with external stakeholders to improve and foster higher standards in qualifications of education and training.

Objective 1a

Prior to the next iteration of the Health Training Package, 2015, AAMT will develop a position for and make representations to stakeholders for inclusion of an Advanced Diploma of Remedial Massage available nationally.

Objective 1b

AAMT will develop and pilot an industry Graduate Certificate stream in collaboration with a University with a view to encourage specialisation and depth of knowledge of therapists.

Goal 2  Execute the AAMTs Constitutional obligation to encourage a high standard of knowledge and proficiency among the members through new member services.

Objective 2a

AAMT will develop a formal mentoring program for membership by the end of 2015

Objective 2b

AAMT will develop a bank of case studies to establish a foundation for further research

Goal 3  Execute the AAMTs Constitutional obligation to encourage and disseminate research in the areas of massage therapy

Objective 3a

AAMT will develop a research profile and strategies for the next three years 2014 - 2017
Strategy 2 – Profile

▲ CONSTITUTIONAL OBJECTS
- Organise and promote the profession of massage therapy
- Encourage a high standard of knowledge and proficiency among the members
- Seek the regulation of advertising of massage practitioners
- Publish newsletters and other publications and media

Goal 4

Execute the AAMTs Constitutional obligation to organise and promote the profession of massage therapy

Objective 4a

Develop an advanced membership level that identifies AAMT members as a gold standard therapist for the public and other health providers.

Objective 4b

Seek a third party endorsement process for both members and AAMT as a commitment to transparency in a self regulated environment and enhance consumer protection through compliance.

Objective 4c

Review AAMT branding and establish defined levels of categories of membership for the purpose of clear marketing to the public.

Strategy 3 – Regulation & Government

▲ CONSTITUTIONAL OBJECTS
- Organise and promote the profession of massage therapy
- Provide rules of conduct and fitness to practice that regulate members and guides the profession
- Seek to ensure a registration and disciplinary mechanism is established and maintained within the profession
- Lobby Governments and regulators in pursuit of the objects
- Cooperate, become members of or affiliate with any company, institution, board or organisations that assist to promote the objects of the Company.

Goal 5

Execute the AAMTs Constitutional obligation to ensure a registration and disciplinary mechanism is established and maintained within the profession and provide rules of conduct and fitness to practice that regulate members and guides the profession.

Objective 5a

In the absence of any statutory regulatory framework AAMT will establish a strong self regulatory mandate and collaborate with key stakeholders to ensure transparency, credibility and increase public protection, education and awareness.
Strategy 4 – Technology

CONSTITUTIONAL OBJECTS

- Organise and promote the profession of massage therapy
- Encourage a high standard of knowledge and proficiency among the members
- Improve the social and economic position of members
- Provide education and training to members and non members

Goal 6

Execute the AAMTs Constitutional obligation to encourage a high standard of knowledge and proficiency among the members, improve the social and economic position of members and provide education and training to members and non members through the increased utilisation of technology.

Objective 6a

Increase the compliance of members with currency eligibility requirements by implementation of an SMS reminder program by July 1, 2014.

Objective 6b

AAMT will increase the percentage of web based education over the duration of the strategic plan to 60% of all education offerings provided by AAMT.

Objective 6c

Increase information and knowledge available to members through an interactive and informative website which is organised and accessible.
Appendix A: Common Terms & Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ASQA</td>
<td>Australian Skills Quality Authority</td>
</tr>
<tr>
<td>CS&amp;HISC</td>
<td>Community Services &amp; Health Industry Skills Council</td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
</tr>
<tr>
<td>NTRAC</td>
<td>Natural Therapies Review Advisory Committee</td>
</tr>
<tr>
<td>PHIR</td>
<td>Private Health Insurance Rebate</td>
</tr>
<tr>
<td>RTO</td>
<td>Registered Training Organisation</td>
</tr>
<tr>
<td>TGA</td>
<td>Therapeutic Goods Administration</td>
</tr>
</tbody>
</table>

Appendix B: Politics and Legal

Legal

The two key areas that generally require legal intervention or advice are ethical cases and contractual compliance.

AAMT has no jurisdiction as to the hearing of serious ethical complaints from members. With any complaints process, observance of natural justice must be preserved. Determinations made by the Ethics Committee and approved by the Board leaves the AAMT open to the risk of legal action. It is essential that AAMT retains strong legal support through our lawyers in ethical matters and works towards a solution where serious complaints can be heard independently by the appropriate authorities.

Contractual compliance, particularly with Health Funds will increase in the coming years. As AAMT moves towards a comprehensive business model, contractual relationships with partners, sponsors and contractors may require closer scrutiny.

AAMT legal advisors are also instrumental in the support and education of management and the Board on governance, membership issues and human resource matters.

Political

Remedial and therapeutic massage has a role towards the new Federal Government’s goal of providing access to more affordable and high quality health care.

Federal and state government policies that assist the massage sector to overcome market barriers in the areas of registration, research, higher education and training, can support an integration process and help to realise the benefits of a sophisticated, maturing and developing massage sector.

The benefits brought to AAMT through the relationship with GRS over the past 18 month have been a worthy investment by AAMT on behalf of the membership and the massage industry as a whole. It is important, if AAMT chooses as a strategic goal to lift the practice of massage to a higher platform, it must play in the political space. This may be an area that some members may not be comfortable with as it moves the overall view of what massage is by some and how it interacts within local communities.

The alternate choice is for AAMT to discontinue the education of Government and remain on the peripheral of health services. The by product will be that many of the goals that are being aimed for by members, DVA, GST, registration etc will be unachievable and not even considered without a political voice. Positioning AAMT as the ‘go to’ for massage in Australia is essential for influencing all levels of politics.